

NxLevel Entrepreneurial Training Program
 Sponsored by the
City of Detroit Mayor's Office of Targeted Business Development
Fall 2006 Enrollment Application

Name of Applicant		Title	
Company Name		Are you an owner or co-owner?	
Mailing address		City	State Zip
Work Phone	Home Phone	Cell Phone	Fax Number
Website	E-mail		Do you have any certifications? (Please check all that apply) <input type="checkbox"/> MBE <input type="checkbox"/> 8(a) <input type="checkbox"/> DBE <input type="checkbox"/> SDB <input type="checkbox"/> WBE <input type="checkbox"/> Other _____
# of Employees _____ (Include yourself)	2005 Gross Sales \$ _____ 2006 Projected Sales \$ _____		
Please describe your product or service and your primary target market.			
Please identify any barriers to your business growth.			

Note: This application is considered confidential, no public release of information is allowed.

Presented by the
City of Detroit Mayor's Office of Targeted Business Development and the
Michigan Small Business & Technology Development Center
at Eastern Michigan University

Fax, mail or email application to:

MI-SBTDC, Attn: Sean Gray
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 Detroit, MI 48201
 E-mail: sgray2@emich.edu
 Phone: 313.967.9295, ext. 106
 Fax: 313.967.9296

The \$200 deposit is due upon acceptance to the program to reserve your space. The deposit is refundable based on the attendance of 9 of 12 sessions and the completion of a business plan.